

4-H Southeast Region LEADERSHIP ACADEMY REGISTRATION

Saturday, March 6, 2010, 9am-4:30pm

To be held at Mott Community College, Regional Tech Center, Flint, MI (Off of I-475 just North of I-69). For maps and directions, visit: <http://www.mcc.edu/indexmain.shtml> on the web.

Registration deadline is February 19, 2010. Please complete this form and send it along with your \$10.00 registration fee, \$15 for non 4-H or out of SE Region. (checks made out to MSU Extension) to: *Oakland County MSU Extension, Attn: Sue Stapleton, 4-H Program Coordinator, 1200 N. Telegraph Road, Building 26 East, Pontiac, Michigan 48341-0416.*

In order for a youth under the age of 18 to participate, Sections 2, 3, and 4 must be signed by a parent or guardian.

Section 1.

4-H club or Group _____

Full legal name _____
(Last) (First) (MI)

Street _____

City _____

State _____ ZIP _____ Phone (____) _____

E-mail address _____

County _____ Sex: Male ____ Female ____

FOR COUNTY MSU EXTENSION OFFICE USE ONLY:

Date: _____ Amount: _____

Receipt #: _____

Status:

- ☐ Youth – Not a 4-H member
- ☐ Youth – 4-H member
- ☐ 4-H Leader (aged 21 & up)
- ☐ Special dietary needs
(please indicate – add additional sheet if necessary): _____

Racial – Ethnic Category (Optional)

Are you of Hispanic ethnicity? ____ Yes ____ No

- ☐ African Am./Black
- ☐ Am. Indian/Alaskan Native
- ☐ Asian
- ☐ White

Residence Description:

- ☐ Urban
- ☐ Suburban
- ☐ Rural, but not on a farm
- ☐ Farm



Section 2.

Medical Information & Treatment Authorization

This section must be completed and signed by a parent or guardian for all youth participants before they can participate in this program. If this form is not completed, youth participants will not be allowed to participate. Completing this section is optional but encouraged for adult participants. Please complete this form to give a medical facility permission to treat the participant for minor injuries or medical problems. In the event of serious injury or illness, the parent or person designated will be contacted. Treatment will proceed before contacting the parent or person designated only if the situation is urgent and does not permit delay.

Primary care physician's name _____

Physician's address _____ Physician's phone (____) _____

Health Insurance Information:

Policy holder's name and relationship to participant: _____

Policy Holder's address: _____

Please attach a photocopy of both sides of your insurance card or complete the information requested below.

Insurance company name and address: _____

Insurance company phone number: (____) _____ Other Insurance: _____

All policy numbers (please identify): _____

If you have HMO insurance, please list the emergency treatment authorization phone number: (____) _____

Employer's name and address: _____

Business Phone: (____) _____

Information Needed About Participant:

Please check yes or no. If yes, explain below or on another sheet if you need more room.

☐ Yes ☐ No Does the participant have any chronic health problem or illness?

Please Explain: _____

☐ Yes ☐ No Does he or she have any acute illness now?

Please Explain: _____

☐ Yes ☐ No Has he or she been treated recently for medical problems?

Please Explain: _____

Please list any medications he or she is now taking for treatment of any medical problems:

☐ Yes ☐ No Does he or she have any allergies to medication or local anesthetics?

Please Explain: _____

☐ Yes ☐ No Does he or she have any allergies?

Please Explain: _____

Date of his or her last tetanus shot: _____

Official Authorization Follows:

I (parent or legal guardian), _____, recognize that while attending this program, medical treatment on an emergency basis may be necessary for my child, and I further recognize that MSU 4-H staff may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the circumstances and to assume the expenses of such care. I also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

Signature of Parent/Guardian or of participant aged 18 and up _____ Date _____

Section 3.**Code of Conduct**

Positive behavior is a key expectation for youth and adults participating in state-sponsored 4-H activities – behavior that reflects trustworthiness, respect, responsibility, fairness, caring and citizenship. Participants are expected to fully participate, follow all event guidelines, and behave appropriately to ensure a high-quality learning experience and ensure the safety of all participants.

I agree to abide by this code of conduct:

_____ Date: _____
Youth or adult participant's signature

I expect my child to abide by this code of conduct.

_____ Date: _____
Parent or legal guardian's signature (for youth under age 18)

Section 4.**Media Release**

Participants are sometimes photographed and videotaped for use in MSU promotional and educational materials. I authorize Michigan State University to record the image and voice of the subject named below and give MSU and all persons or entities acting pursuant to MSU's permission or authority, all rights to use of these recorded images and voice. I understand that said images and/or voice will be used for educational, advertising and promotional purposes in all conventional and electronic media, including but not limited to the Internet and any future media. I also authorize the use of any printed material in connection therewith.

I understand and agree that these images and recordings may be duplicated, distributed with or without charge, and/or altered in any form or manner without future or further compensation or liability, in perpetuity.

Print subject's name: _____

Signature of Parent/Guardian or of participant aged 18 and up _____ Date _____